

Pentagon Sailing Club (PSC) RELEASE FORM: River Activities

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: (H) _____ (W) _____

I. Activity Details

Activity in which you are participating: _____

Sponsor: (if not a PSC member) _____

II. Medical/Information

A. Are there any medical or other health factors that might affect you / your child's performance in this activity? NO _____ YES _____

B. Are you / your child taking any medications that might affect your / his / her performance in this activity? NO _____ YES _____

C. Does the participant have a disability which requires any accommodation? NO _____ YES _____

D. Are there any other medical or health-related problems of which we should be aware? NO _____ YES _____

E. If YES was marked for any of the above questions, please explain: _____

Please read: All PSC activities are considered training activities. As such, our guideline is that any student participating in these activities will be able to physically respond to the commands of the instructor or skipper in charge. This guideline is for your safety, the safety of your fellow crew members, and the safety of the boat. The skipper will make the final determination of: (1) a student's ability or inability to comply with this guideline, and (2) the limitations, if any, of a student's participation as crew on the boat.

III. Assumption of Risk and Release

A. VOLUNTARY PARTICIPATION

I acknowledge that I have voluntarily agreed to participate in an event at the Capital Cove Marina or in other Joint Base Anacostia-Bolling (JBAB), Anacostia River, or Potomac River venues in the National Capital Region sponsored by the PSC involving the use of a sailboat and/or a powerboat.

B. THE RISKS

Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body for which it has not been prepared, from accidents in learning or practicing techniques, from failing to follow training, safety or racing rules; from the use of transportation

to and from regattas, races, and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat, my boat might capsize, or I might be thrown overboard into cold water, it may hit another boat or run into an obstruction or the shore, and the collision may injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold and sun; I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the direction of my instructors and will follow all safety rules. **I will tell my instructor about any limitations or medical restrictions on my participation.**

C. ASSUMPTION OF RISK

I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPERING, CREWING, OR BEING A PASSENGER OR STUDENT ABOARD A SAILBOAT OR A POWERBOAT AT JOINT BASE ANACOSTIA-BOLLING CAPITAL COVE MARINA, AND IN THE WATERS OF THE ANACOSTIA OR THE POTOMAC RIVERS IN THE NATIONAL CAPITAL REGION ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED.

I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.

D. RELEASE

As consideration for being permitted by PSC to participate in this activity and to use the Joint Base Anacostia-Bolling Capital Cove Marina facility and equipment furnished by PSC or others. I agree that my heirs, assigns, distributees, guardians, and representatives and I release PSC, Joint Base Anacostia-Bolling Capital Cove Marina, and the Department of Defense, all of their affiliated organizations and their officers, directors, employees, members, volunteers, or participants (collectively, the Releasees) from all actions, claims, or demands that I, my heirs, assigns, distributees, guardians, and representative now have or may hereafter have, for injury, death, or damage resulting from my participation in this activity or while traveling to and from or being transported for this activity. I, my heirs, assigns, distributees, guardians and representative will not make any claim against or sue the Releasees or any of them for injury, death, or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of PSC, the Department of Defense or any of their affiliated organizations as a result of my participation in this activity.

E. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT

I hereby acknowledge I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between PSC, the Department of Defense, their affiliated organizations, and me. I am signing this document of my own free will.

I also certify that I/my child can swim or tread water for ten minutes and don a personal floatation device/life jacket during the last two minutes.

I agree to abide by the Rules and Regulations, as established by PSC, Joint Base Anacostia-Bolling Capital Cove Marina and the Department of Defense while participating in this program.

I further certify that all information provided above is true and correct, to the best of my knowledge.

This release is required to be signed annually by PSC club members participating in any river activities as previously defined above.

Participant's Name:

Last	First	MI	Signature Required (Participant, or parent if under 18)
_____	_____	_____	_____

Completed form is to be filed with the PSC